

# COMMERCIAL PESTICIDE APPLICATOR CERTIFICATION APPLICATION

KANSAS DEPARTMENT OF AGRICULTURE  
RECORDS CENTER - PESTICIDE  
109 SW NINTH STREET, TOPEKA, KS 66612  
Phone (785) 296-5360, Fax (785) 296-6418  
E-mail: [records@kda.state.ks.us](mailto:records@kda.state.ks.us)  
Website: <http://www.ksda.gov>

1. Have you **EVER tested** for Commercial Pesticide Applicator Certification in **Kansas** before? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide Kansas Certification Number if you are currently certified or have ever been certified: \_\_\_\_\_  
Categories: \_\_\_\_\_

## 2. PERSONAL INFORMATION:

Social Security No.					Birth Date	
Last Name					Telephone	
First Name					Fax	
Address					E-Mail	
City		County		State		Zip

## 3. CATEGORY/SUBCATEGORY: Please check the subcategories for which you are applying for certification:

General (\$45.00)	<b>Category 4</b>		7E - Structural
	4 - Seed Treatment		7F - Wood Preservation/Wood Products
<b>Category 1</b>	<b>Category 5</b>	<b>Category 8</b>	
1A - Agricultural Plant	5 - Aquatic	8 - Public Health	
1B - Agricultural Animal	5S - Aquatic Pest Control - Sewer	<b>Category 9</b>	
1C - Wildlife Damage Control	<b>Category 6</b>	9A - Noxious Weed	
<b>Category 2</b>	6 - Right-of-Way	9B - Regulated	
2 - Forest	<b>Category 7</b>	<b>Category 10</b>	
<b>Category 3</b>	7A - Wood-Destroying	10 - Demonstration/Research	
3A - Ornamental	7B - Stored Products		
3B - Turf	7C - Industrial Weed Control		
3C - Interior Landscape	7D - Health-Related		

4. **EXAM FEES:** The exam fee is **\$45 per exam** including the general exam. Applicants who fail exams may retest upon paying an additional fee of \$45 per exam. **Reciprocal fees** (see No. 8).

## PLEASE DO NOT WRITE IN THIS BOX (For Kansas Department of Agriculture use only)

Fee	Code	Transaction No	Receipt Date	Check No	Ccert #	Categories	Entry	Cert. by	Eff Date	Exp Date	Initial	Process Date
	PUE									12-31		
	CMC											

KPL-300 (Rev 06/09)

**PLEASE COMPLETE INFORMATION ON REVERSE SIDE OF THIS FORM**

**5. EMPLOYER INFORMATION:** Please complete employer information even if you are not working for a pesticide business. If you plan to use your commercial pesticide applicator certification to apply pesticides for **compensation**, you must work as an employee of a pesticide business licensed to apply pesticides in the categories you are certified in or obtain your own Pesticide Business License. **Provide a Tax ID number for the business** that is making this payment.

Employer Pesticide Business License No.		Tax ID:		Employment Date:	
Employer Name:					
Employer Address:					
Employer City, State, Zip:				Employer Phone:	

**6. CERTIFICATION PROBLEMS:** Have you had a pesticide certification or license suspended, revoked, or denied in any state during the last five years? If yes, please provide the states, years, and a brief description of the problem. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**7. OTHER STATE CERTIFICATION OR LICENSE INFORMATION:** Please indicate any other pesticide certifications or licenses you have had in other states during the past five years:

State	Years		State	Years		State	Years		State	Years

**8. CERTIFICATION BY RECIPROCITY:** Kansas has limited reciprocal agreements with the following states listed below. If you wish to apply for certification, or re-entry of certification by reciprocity in lieu of passing exams please complete this application and **CALL THE RECORDS CENTER IMMEDIATELY** if you have not had contact already to allow adequate time to complete the reciprocal process. **(785-296-5360)**

<b>Missouri</b> Certification No. _____ -\$75 per category -you must be a resident of MO	<b>Nebraska</b> Certification No. _____ -\$75 per category -you must be a resident of NE	<b>Oklahoma</b> Certification No. _____ -\$75 per category
<b>Indiana</b> Certification No. _____ -\$75 per category	<b>Minnesota</b> Certification No. _____ -\$75 per category - you must be a resident of MN	<b>Texas</b> Certification No. _____ -\$75 per category

**9. EFFECTIVE PERIOD:** Commercial Pesticide Applicator Certification expires on December 31 of the second calendar year after the year of issue, unless renewed prior to that date. Certification may be renewed for a succeeding three-year period by training, examination or reciprocity and with the receipt by KDA of appropriate fees & application form.

<b>APPLICANT SIGNATURE:</b> I hereby attest the information on this application is true, complete and accurate.	
SIGNATURE: _____	DATE SIGNED: _____